U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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1. File Number U- 3/65

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Larry J Lucente	Name United Food and Commercial Workers Local 56
	Labor Organization File Number 23/80/
P.O. Box, Bidg., Room No., if any 907	P.O. Box, Building and Room Number, if any Suite 201
Street Radclyffe St.	Street 5 Executive Campus
City Bethlehem	City Cherry Hill
State Pennsylvania ZiP Code + 4 18017-6016	State Pennsylvania ZIP Code + 4 08002 .
5. Position in labor organization. Union Representative	
Enter appropriate data below if, during the past fiscal year, you or your spe (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any).	
monetary value from an employer whose employees your organizat	Ion represents or is actively seeking to represent.
monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	Ion represents or is actively seeking to represent.
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monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
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monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Signature and vertification. The undersigned declares, under penalty or	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount.
monetary value from an employer whose employees your organizate 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.b. Amount. 7.c. Amount.

Name of Ferson Filling Larry Lucence	The Number 6- 3- 0.5			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, 8ldg., Room No., if any				
Street	c. Employer			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State ZIP Code + 4				
	12.b. Amount,			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment. Christmas Gift Basket			
Name Galfand, Berger, Lurie, Brigham, Jacobs, LTD				
Trade Name, if any: Galfand Berger				
P.O. Box, Bldg., Room No., if any Suite 2300				
Street 1818 Market Street				
City Philadelphia				
State Pennsylvania ZIP Code + 4 19103				
13.b. is the Business an Employer or Consultant 2	14.b. Amount of payment. \$40			